

Post Event Summary Report Format for Officially Designated WHCOA Events

Introduction

The 2005 White House Conference on Aging will be held in Washington, D.C. on October 23-26, 2005. At that time, delegates from across the United States will decide on a number of recommendations to be sent to the President and Congress that are designed to guide national aging policy for the decade to come. Past White House Conferences on Aging have focused on the challenges and opportunities of a rapidly aging diverse population. The 2005 White House Conference will be unique in that it has been directed by statute to also focus on the impact of the 78 million baby boomers (born between 1946 and 1964) that will begin to reach retirement age beginning in 2006.

General Guidelines

By having your event officially designated as a White House Conference on Aging event, you have agreed to submit a written report summarizing its results **within 30 days of its completion, and not later than August 1, 2005.** The results of these events will be included in the materials provided to the delegates for consideration at the White House Conference on Aging in October 2005. Because we anticipate receiving many recommendations over the next year, we ask that you follow the Post-Event Summary Report format provided to transmit your results to the WHCOA. The Post-Event Summary Report may be sent by email to Moya.Thompson@whcoa.gov or by regular mail to Moya Thompson, Director, Outreach Coordination, White House Conference on Aging, 4350 East West Highway, 3rd Floor, Bethesda, MD 20814. Sending the Post Event Summary Report by email is strongly encouraged. Moya's number is 301-443-2394.

The report must be limited to **no more than 5 pages in length.** The recommendations made **should be related to the Conference theme and agenda** to be determined by the WHCOA Policy Committee (see <http://www.whcoa.gov> for a listing of the annotated agenda approved by the Policy Committee on October 1 that lists general issue areas currently being considered by the Policy Committee), and must be clear and concise. All recommendations must be prioritized by rank, with the most important listed first. **Recommendations should clearly address specific issues, barriers that may exist to meeting needs, and any creative solutions.**

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Name of Event: Falls Free: Promoting a National Falls Prevention Action Plan

Date of Event: December 8-9, 2004

Location of Event: Washington, DC
(Include city and state)

Number of Persons attending: 66 representing 60 diverse national organizations, professional associations, federal agencies and others

Sponsoring Organization(s): The National Council on the Aging, The Archstone Foundation, and the Home Safety Council

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Please follow this format for each priority area, with the most important listed first.

Please ensure that your organization's name and contact information is provided at the bottom of each page submitted.

Priority Issue #1: (describe specific issue)

The issue of fall-related injury and death is a significant national health concern that deserves serious and immediate attention. Developing and implementing strategies and effective partnerships to address this growing and costly issue is a priority.

More than a third of older adults fall each year, and fall-related injuries cause significant mortality, disability, loss of independence, and early admission to nursing-homes³. Fall rates increase sharply with advancing age. Of those who fall, 20 to 30 percent suffer moderate to severe injuries that reduce mobility and independence and increase the risk of premature death. Currently, about 36 million Americans (one in eight) are age 65 or older. The U.S. population is aging rapidly, and by 2020 this ratio will decrease to one in six. As our population ages, the number of fall injuries can be expected to increase.

Among older adults, falls are the leading cause of injury deaths. In 2002, falls caused about 12,800, or 38 percent, of all unintentional injury deaths. Fatalities, however, reflect only the tip of the iceberg. Falls also are the most common cause of non-fatal injuries and of hospital admissions for trauma. In 2002, 1.6 million seniors were treated in U.S. hospital emergency departments (EDs), and 388,000 of those treated were hospitalized for their injuries. Or, put another way, every hour one older adult died and 183 were treated in EDs for fall-related injuries. In 1991, Medicare costs for this injury were estimated to be \$2.9 billion. Assuming 5 percent inflation and a growing

number of hip fractures, the total annual cost of these injuries is projected to reach \$240 billion by the year 2040. These costs do not account for the long-term consequences of these injuries, such as disability, functional limitations, decreased productivity, and reduced quality of life.

Reference:

Stevens, J.A. (2004) Falls among older adults—Risk factors and prevention strategies. Research Review Papers. The National Council on the Aging. 3-18.

Barriers:

The lack of a simple solution is seen as the key barrier to this multifactorial issue. According to the research we can identify some of the key risk factors and employ individualized strategies to modify them but falls are frequently caused by an interaction between personal and environmental factors, therefore effective interventions have generally included components to address multiple risk factors. To date, few coordinated efforts have been realized. There is also a lack of education and awareness of the risk of falls and appropriate means of modification among providers, caregivers and older adults themselves.

Proposed Solution(s): (list suggested solutions to the challenges described above)

To promote effective interventions, strategies must be developed to facilitate an integrated and coordinated approach to the issue, using consistent messages to reach providers and older adults themselves, and employing partnerships and coalitions of key stakeholder groups to implement community-based interventions nationwide.

In an effort to address this growing concern, the National Council on the Aging convened a Falls Free Summit December 8-9, 2004. Sixty six participants represented over sixty diverse health, aging and safety organizations, federal agencies, universities and others. The summit was designed to facilitate problem solving and strategy development in an integrated and Partnerships and coalitions were keys to the strategies developed across four focus areas known to be risks for falls: physical mobility, medications management, home safety, and environmental safety in the community. In addition, cross cutting strategies were proposed that incorporated strengthening the community and aging service network, integrating interdisciplinary activities such as risk assessments, promoting effective interventions and partnerships through marketing and communication, and developing policy recommendations and advocacy activities.

The rich discussion and proposed strategies emanating from this two day, interactive Summit were captured and are being turned into a National Action Plan to Prevent Falls in the Elderly. It is expected to be ready for public use in March and will be forwarded to the WHCoA when completed.

